

THE LEGISLATIVE SESSION CONTINUES

Progress Report Somewhat Meager in Details. The California Legislature is still in session. In past legislative years, adjournment was apt to take place in April. In the present fiftieth session, with the massive amount of economic readjustment legislation to which consideration and time must be given, it is quite likely that the legislature may still be at work in June.

It is not possible at this writing to give much authoritative information concerning the many public health measures which were listed on page 221 of the March CALIFORNIA AND WESTERN MEDICINE. It can be stated, however, that the officers of the Association and the Committees on Public Policy and Legislation of the State Association and county societies have been actively at work and probably will be in position to render a good progress report at the Del Monte annual session on April 24-27. That report will give information concerning the work thus far accomplished and will enable members of the California Medical Association to visualize the legislative situation. It may be of interest to California Medical Association members to know that, as regards some of the proposed statutes, such as the admission of nonindigents to county hospitals, the reception of the representatives of the profession at the committee hearings was most kindly.

The manner in which county societies and members can be of most efficient service in these legislative matters was outlined in the comments made on pages 183-186 of the March number of CALIFORNIA AND WESTERN MEDICINE. When the call for action is made, it is hoped that all who have definite responsibilities or who are in position to be of special aid will promptly respond.

THE SOUTHERN CALIFORNIA EARTHQUAKE

The San Francisco Earthquake of April, 1906. Recent numbers of CALIFORNIA AND WESTERN MEDICINE, in the "Twenty-Five Years Ago" column, contained several references to the San Francisco earthquake and fire, the excerpts being from the official journal of the year 1906. The California Medical Association (which at that time had the name "Medical Society of the State of California") on the day before the earthquake, under the presidency of Dr. Robert F. Rooney, opened its 1906 annual session in San Francisco. The first day's meeting was held that year in the old Y. M. C. A. building on Van Ness Avenue. The only other meeting of the Association of that session was held with two members present, one being the late Doctor Rooney (who died at the age of 90, on December 21, 1932, and whose obituary was printed in the February CALIFORNIA AND WESTERN MEDICINE) and the other being the then secretary, the late Philip Mills Jones (founder of CALIFORNIA AND WESTERN MEDICINE) who met to declare an adjourned meeting until the next year. That was how Doctor Rooney came to be president for two succeeding years, 1906 and 1907.

A Southern California Over-optimism.—The writer was one of the California Medical Association members in attendance at that 1906 San Francisco annual session. He was impressed not so much by the great fire as by the great menace to human life in earthquake zones, which could result from poor construction and fancy and overhanging cornices and ornamentation of the walls facing streets. In the *Southern California Practitioner*, of which he was the then editor, he expressed himself on this point as follows:

"... These new amendments to the building laws of Los Angeles have for their purpose the prevention of destruction of property and life by either earthquake or fire. The amendments have to do especially with the height, thickness and general construction and material of walls, and particular attention is given to the proper anchorage of chimneys, fire and other walls and partitions that rise above the surface of upper stories.

"The suggestions and proposed amendments have been duly ratified by the Council, and what little danger Los Angeles may have chanced to have been in the past, from its supposed location in a so-called earthquake zone, bids fair now to be entirely minimized or neutralized.

"It may therefore be said that Los Angeles has profited by the misfortune of San Francisco in that the latter city's awful experience has led to the adoption of building requirements in Los Angeles which ordinarily would have had little or no chance of passage."

In the light of what happened to many buildings in the recent earthquake which occurred in the Los Angeles-Long Beach area, the editor realizes that his then editorial comments were somewhat over-optimistic. For the building ordinances referred to, while good, were not as effective as was prophesied.

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Adequate State Building Laws Needed.—All serious-minded Californians should be deeply grateful that the San Francisco and Long Beach-Los Angeles earthquakes occurred at hours when a minimum instead of a maximum number of citizens were on the streets. For at other hours of the day there could have been a death loss in each district that might have been ten, twenty, or thirty times as great had either temblor taken place at about the noonday hour or other time when schools and streets were crowded. The increased death and injury loss under such conditions would have resulted in major part from poorly constructed front walls, from which poorly attached stone and other material would have fallen on citizens who were afoot.

In the recent Southern California earthquake, the modern, well constructed large buildings stood the temblors quite well. But in places where local building ordinances were loosely drawn, or where political or other influences had permitted the utilization of cheaper material such as mortar, and of construction that did not comply with the building laws, the damage to even larger buildings such as schools was very evident, and could have been responsible for loss of life difficult to estimate.

That our state and cities in both instances were spared a massive loss of life should spur us on in our determination that from now on, building con-

struction in California shall be earthquake-proof in so far as it is humanly possible to make it so. Physicians, because of their profession, look upon themselves as conservators of human health and life. In these matters of earthquake-proof building laws, physicians have a double responsibility—as medical men and as citizens—and should give these proposed laws their fullest support.

In the recent Southern California earthquake it was gratifying to read the accounts of the splendid manner in which the physicians in the districts involved met the grave responsibilities which the temblors threw upon them. Having done their part with credit to themselves in that emergency, they should be equally energetic and efficient in support of laws that would prevent unnecessary loss of life in the future.

Attending Staff Services as Listed in Hospital Reports. Dr. S. S. Goldwater in a letter to the *Journal of the American Medical Association*, Vol. 99, No. 18, writes as follows: Although the annual reports of hospitals are valuable sources of information concerning certain hospital activities, they are strangely silent in relation to one of the major aspects of hospital service, namely, the gratuitous service of physicians which is bound up with ordinary hospital practice. Those who have been identified with hospital administration and have shared in the preparation of hospital reports know that the omission is due to thoughtlessness and not to any desire to conceal a vital fact in medico-social economics. Nevertheless, it is high time for hospitals to mend their ways. . . .

I can perhaps best bring out the importance of the matter by an attempt to compute roughly but conservatively the value of the free service of the imaginary hospital from whose report I have just borrowed a typical record of free service. It was assumed that the hospital in question admitted 1,000 free patients in the course of a year. Probably three-fifths, certainly one-half of this number, would be surgical cases and we should not be far out of the way if we assumed that out of 1,000 patients, 500 required major surgical operations. If we put the money value of each major surgical procedure at \$100, the surgical staff will have contributed \$50,000 worth of free surgical work. We could hardly be accused of exaggerating the value of medical service rendered in the wards if we said that the work of the staff, amounting to 12,000 days of free care of acutely sick patients, was worth \$3 a day, or \$36,000 for the year; nor would it be extravagant to assign to each of the 20,000 consultations in the outpatient department a value of \$1 a consultation, or \$20,000 for the year. Now let us add up: (1) surgical work, \$50,000; (2) ward service, \$36,000; (3) dispensary service, \$20,000. The total is \$106,000, a moderate estimate of the value of free professional service in a hospital whose parallel cash outlay amounted to only \$60,000. I am, of course, aware of the fact that \$60,000 would not, in such a case, represent the total amount contributed by the community, since it covers current expenses only and does not take into account capital outlay, which logically must be included as an additional community contribution. But after analyzing the reports of numerous hospitals in the eastern part of the country, I am prepared to say that the money value of the free service given by the staff is in many cases at least equal to the cash contributions for all purposes which are made by the community. Moreover, whatever the relative value of these two intimately associated services may be, it is important that the facts should be disclosed by hospital reports, for without them the medical economist and the legislator must remain ignorant of knowledge which is indispensable to a proper understanding of social processes and public needs.

Whether the medical profession can afford to continue its service to hospitals without being paid for

it directly (or paid for it at all) is a question that merits consideration by itself; here and there the voice of an individual or of a committee has been raised in protest, but, generally speaking, physicians thus far have eagerly sought opportunities for hospital service without pay. I hope I have shown (and it is scarcely a discovery) that the unpaid service of hospital staffs is a major element in hospital economics and that it is desirable that hospitals bring out the facts by a method of presentation to be agreed on between hospital boards and hospital staffs. A statement of free medical service in estimated dollar value, based on prevailing local rates, would probably be most readily understood by the lay public, but if an agreement cannot be reached as to a scale of money values, the work could readily be tabulated in terms of service units. In any event, the physician should be given his due!

The Number of Automobile Accidents in France.—The minister of the interior has published a report on the accidents caused in France by automobiles. The minister emphasized the shocking number of accidents, without taking account of the increasing number of cars in use and the more crowded conditions on the highways. If one takes account of these factors there has been, in a sense, a diminution of accidents. The statistics reveal much better conditions than in other countries. A survey of the accidents during the period 1924-1930 shows the following:

Years	Fatal Accidents	Total No. of Cars in Use	No. of Accidents per 100,000 Cars
1924.....	1,626	716,951	225
1925.....	2,089	868,225	240
1926.....	1,160	874,699	222
1927.....	2,379	1,208,847	197
1928.....	2,941	1,417,755	207
1929.....	3,717	1,701,680	218
1930.....	3,120	1,951,712	201

In England, last year, there were 6,696 deaths due to automobile accidents, and in the United States there were 33,600 deaths and 1,200,000 injuries. The record of France is a little lower than that of Germany. Nevertheless, the minister of the interior recommends greater severity in the examinations for drivers' licenses. The percentage of rejected applicants ranges at present between twenty and thirty, the rejections being based most frequently on an inadequate knowledge of the rules of the road. The question has been brought up again of the value of a physical examination of drivers in order to detect imperfections of eyesight or hearing, arterial sclerosis, cardiac lesions, and unstable emotions, which play an important part in most accidents in which women drivers are involved. A physical examination is already required of drivers of public vehicles, since the companies to which these belong wish to avoid having to pay too large amounts as damages, in case of accidents. A physical examination of drivers of private automobiles, while it appears desirable, has not appeared feasible, because of the immense number and the cost. A physical examination is, however, required of drivers who have been in an accident. It is thought that gradually a physical examination may be required of all new drivers by requiring them to present an insurance contract and then urging the insurance companies not to issue a contract to persons who fail to present a certificate showing a satisfactory medical examination.—Paris Letter, *Journal of the American Medical Association*.

Fungal Infection of Feet.—Henderson observed that, when shoes are left for from eight to sixty hours in a closed tin box containing a small dish of formaldehyd, the vapor effects sterilization even at room temperature. Leather absorbs considerable amounts of formaldehyd vapor, which it gives off again for many hours afterward. When shoes so treated during the night are worn during the day, a distinct amelioration or disappearance of infection of the skin may result after a time. Incidentally, the feet are also protected against reinfection from the shoes.—*Archives of Dermatology and Syphilology*.